Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10-767-243

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			58			·		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	58 minus 20=		• 38			X\$ 9=		OR	X\$18=	
	DEPENDENT C		4 minus 3 =		<u> </u>			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero,					"0" in o	column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGH		(Column 3)	1			1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	***	CL AINA]=		X43=		OR	X86=	
<u> </u>	FIRST PRESE	INTATION OF MI	JUIPLE DEP	ENDENI	CLAIM		۱ [+145=		OR	+290=	
						•	Ł	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	•					
		CLAIMS		HIGH	ST		ÌΓ		ADDI-	1		ADDI-
I		REMAINING AFTER		NUME PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT B		AMENDMENT		PAID F					FEE_			FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	ENDENT	CLAIM	= .		X43=		OR	X86=	
	11101111202	THE STATE OF THE	CIII EE DEI	LINDENT	OBAIN		' [+145=		OR	+290=	
							_	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Calum	O\	(Caluma 2)		NDDIT FEE L		l	ADDII. PEEL	•
	`	(Column 1) CLAIMS		(Colum		(Column 3)	-					
AMENDMENT C	•	REMAINING		NUMB	ER	PRESENT	H	5475	ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	FEE	ļ.	RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		00	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
				_				+145=		OR	+290=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE	
***	t the "Highest Nu The "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THIS I For." (Total or	S SPACE is Independer	less that nt) is the	n 3, enter "3." highest number			opriate box	_	•	